

ENTRON SECURITY SERVICES

Daily Security Report

-11														_		_
Client No. Client		, ,		•	<u> </u>			Location					Da		/	
Facility Detex Clock Weapon	<u>O.</u>	l-f -	mat	eria	<u>کل</u>	Ten in a		100	20	Sweg	10 57			6/5	189	
Equipment No.	ľ		reignistica	[nalacoat /	Flashlight		Other	l L		10 57 Logbo	6				
Officers:	Officer-	-Day Shi	ft (Name)			Officer	—Swing Shi	tt (Name)	rey		209 60	0.0	- 05/4 (51		 -	
Fully explain all items marked "Yes" with time and all detail. For additional space use reverse	Kenneth Fralix					i	GEORGE JOHND					icer—Gray	e Shift (Name)	Wind	Ban-	· b ·
side and attach incident reports.	Shiff					Shift					Shir	t .	<u> </u>	2 (0-1)	0	7-
Observations or actions taken	Began	T 1	8 AMPM	Ended	4 AMEM		4:0	AMEN OC	£naed		AM-PM Beg	an / 3	2 AM	M Ended	8	- AMPM
Rounds or stations missed	Yes	No		Explanation		Yes	No	······································	Explana	tion	Y	es No		Explana	ation	
	-	/				<u> </u>	1		-			1_				
Unlocked doors, gates or windows		-										1				
Unlocked vaults or safes		v					/		-			1				
Fire-smoke-or hazards		V										1				
Extinguishers missing or defective							_					1	\perp			
2. Sprinkler system defective		V										1				
3. Fire doors or exits blocked		V										1-				
4. Rubbish accumulation		V										4				
5. Motors running		1					1			-		 				
6. Lights left burning		V								-		1	- 1,0,0	tout		
Injury hazards		V					1					1,		- 0.027	0515	
Visitors OHMBERA	200	le o	n sil			V		MR KANCI	:A		,		ОНМ	49.410	~ ~ ^	· · · · · · · · · · · · · · · · · · ·
Trespassing		レ					'ر	'A / \H/V\-				,	- ', '	_ /4 /\/	12 Y D	·
Violation of company rules		-					نسمن					,	MEN	' on s	TB	
Remarks MR KANCIA DELIVERED & PICKED UP MATERIALS PER ORDER OF PAUL STREET.																
				- 1-1p) 15	- F. C	, <u>, , , , , , , , , , , , , , , , , , </u>	<u> </u>	1 poe	<u> </u>	/		 -	·· · · · · · · · · · · · · · · · · · ·			
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IMPORTANT: If you were ill or injured pl	ease exp			of this form	and call your s	upervisor	before leav	ring this pos	t.					· · · · · · · · · · · · · · · · · · ·		
Were you injured during this tour?			Day Shift Yes No	1. Yes	No Yes	No	3. Swing St Yes	7.1	Yes No	2 Yes	No 3	Grave Shift	No. 1 Yes	No	2. Yes	No
2. Did you suffer any illness?			Yes (Ng)		No Yes	No	Yes	<i>A</i>	Yes No		No		No) Yes	No	Yes	No
3. Have you reported an accidents coming to	your atter	ntion?	Yes No	Yes	No Yes	No	(es)	No '	Yes No		No	(Yes)	No Yes	No	Yes	` No
Meekee M. Mille	/ s	Signatures	Day Shift	nnett	= Fel	24	Swing Sh	oh L). De	RGR		Grave Shif	Dick	3)/o	ko.	sk:
7:157	S	Signatures	2.				3		/			2.				0
Signatures 3. 3											3. 439178					